

WASHOE COUNTY CRIMINAL HIT SHEET

NAME IN FILE:			
DOB IN FILE:		SSN IN FILE:	
ADDRESS IN FILE:			
PHYSICAL DESCRIPTION:	WHITE <input type="checkbox"/>	BLACK <input type="checkbox"/>	HISP. <input type="checkbox"/>
	OTHER <input type="checkbox"/>	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
HGT. <input type="text"/>	WGT. <input type="text"/>	EYES <input type="text"/>	HAIR <input type="text"/>
COURT: SJC <input type="checkbox"/>	RJC <input type="checkbox"/>	WDC <input type="checkbox"/>	CASE #: <input type="text"/>
ARREST DATE:			
OFFENSE DATE:			
DATE COMPLAINT WAS FILED:			
ORIGINAL CHARGES:			
PLEA DATE:		PLED GUILTY <input type="checkbox"/>	PLED NO CONTEST <input type="checkbox"/>
		PLED NOT GUILTY <input type="checkbox"/>	
PLED TO WHAT CHARGES:			
DATE OF SENTENCING:		SENTENCED TO:	
PROBATION REVOKED DATE:		SENTENCED TO:	
TRANSFERRED FROM:	SJC <input type="checkbox"/>	RJC <input type="checkbox"/>	CASE #: <input type="text"/>
NOTES:			